



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND
1401 DESHLER STREET SW
FORT MCPHERSON, GA 30330-2000

REPLY TO
ATTENTION OF:

AFRC-MD (40)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Anthrax Vaccination and Individual Medical Readiness Shortfalls

1. References:

a. Memorandum, Office of the Vice Chief of Staff, 27 Mar 04, subject: Anthrax Vaccination Shortfalls (enclosure 1).

b. Memorandum, HQ, US Army Medical Command, DASG-ZA, 31 Mar 04, subject: Anthrax Vaccination and Individual Medical Readiness Shortfalls (enclosure 2).

c. Army Regulation 40-501, Standards of Medical Fitness, 19 February 2004.

2. The Vice Chief of Staff of the Army (VCSA) recently directed immediate Army-wide command emphasis to update anthrax immunizations, completion of other individual medical readiness indicators (IMR), and documentation of these procedures in the Medical Protection System (MEDPROS) (enclosure 1). MEDPROS is located on the Medical Operational Data System (MODS) web page (www.mods.army.mil).

3. MEDPROS is the database used by the Army to track and report Army medical readiness. All IMR indicators must be tracked in MEDPROS to include HIV, DNA, dental readiness, immunizations, medical non-deployable profiles and physical exams. MEDPROS data currently indicates that 47% of Army Reserve Soldiers who began anthrax vaccinations since 15 Sep 02 are current in the vaccination series.

4. Command emphasis is essential to ensure IMR indicators are accurate and that these indicators are properly recorded in MEDPROS. As stated in the enclosed VCSA memorandum, a well-maintained MEDPROS IMR database provides commanders and leaders at all levels with an effective tool to monitor unit medical readiness.

5. The Army Reserve Surgeon has coordinated where possible to ensure that medical information is fed directly into MEDPROS from the source. This minimizes the need for separate input into MODS. IMR data on services performed by FEDS_HEAL are sent directly to MODS for input into MEDPROS. Completed

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permanent profiles are documented in MEDPROS once signed by the appropriate Command Surgeons as indicated in AR 40-501. HIV and DNA reports also have a direct link into MEDPROS from the contracted processing source.

6. Every commander should have read access to MEDPROS, and every command down to the lowest unit level should have at least one individual with read/write access. Instructions for access are located on the MODS web page under MEDPROS. Commanders should ensure that data contained in MEDPROS is correct and complete. Write access is necessary to add or make changes to MEDPROS. Certain medical fields such as physical exam date and profile information, to include PULHES and physical category code, may only be accessed by medical personnel with appropriate authorization. For assistance with correction or input of physical exam date and profile information, contact the Command Surgeon.

7. Point of contact for MEDPROS is Major Kathrine Ponder, Office of the Surgeon, e-mail: Kathrine.ponder@us.army.mil (404) 464-9569.

2 Encls

1. Memo, VCSA, 27Mar04
2. Memo, MEDCOM, 31Mar04


JAMES R. HELMS
Lieutenant General, USA
Commanding

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Let's get after this!

Necessary & important!

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DEPARTMENT OF THE ARMY
OFFICE OF THE VICE CHIEF OF STAFF
201 Army Pentagon
Washington DC 20310-0201

REPLY TO
ATTENTION OF

MEMORANDUM FOR SEE DISTRIBUTION

27 MAR 2004

SUBJECT: Anthrax Vaccination Shortfalls

1. The Vice Chief of Staff of the Army memo dated 24 Sep 02, subject: Army Anthrax Vaccine Immunization Program Resumption Execution Plan, directed that anthrax vaccinations be given on time and documented in the Army Medical Protection System (MEDPROS). Army units successfully vaccinated and entered shot data into MEDPROS during the build up to Operation Iraqi Freedom. However, MEDPROS data now indicates currency with the vaccine-dosing schedule is at 54%, far below the Army goal of 90% on time for each dose in the series (see attached).
2. I ask that you immediately administer anthrax vaccinations in accordance with the dosing schedule, update the Soldier's MEDPROS record, and ensure procedures are in place for screening of all immunization records at designated readiness processing centers and Troop Medical Clinics. I understand that some Soldiers in your MACOM are currently deployed and not under your direct control. Concurrent efforts are underway in the CENTCOM theater of operations to improve anthrax vaccination currency and MEDPROS data entry.
3. Similar command emphasis is needed to ensure completion of Individual Medical Readiness (IMR) indicators and uploading into MEDPROS. Track all IMR indicators for Soldiers, to include HIV, DNA, dental readiness, medical non-deployable profiles, immunizations, and physicals. A well-maintained MEDPROS IMR database provides Commanders and leaders at all levels with a very effective tool to monitor unit medical readiness.
4. Our Soldiers are best served by timely vaccinations, completion of other IMR procedures, and proper documentation in MEDPROS. This will provide a permanent record of the Soldier's Individual Medical Readiness status and minimize repeating vaccinations and other procedures already administered. I ask your support in emphasizing this throughout your command.

Atch

*This is an
essential component
of becoming an
expeditionary force.*

George W. Casey, Jr.
George W. Casey, Jr.
General, United States Army
Vice Chief of Staff

DACS-ZB

SUBJECT: Anthrax Vaccination Shortfalls

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ANTHRAX VACCINATIONS
PERCENT OF SOLDIERS CURRENT*
Source: MEDPROS As of 8 Mar 04

MAJOR COMMAND	# Personnel Started or Resumed Since 15 Sep 02	# of Personnel Overdue 30 or More Days Next Shot In Series	% Not Current with Series	# of Personnel Not Overdue 30 or More Days Next Shot In Series	% Current with Series*
U.S. Army Corps of Engineers (USACE)	793	579	73%	214	27%
National Guard Bureau (NGB)	77,622	34,229	44%	43,393	56%
Intelligence and Security Command (INSCOM)	1,637	980	60%	657	40%
U.S. Army Europe (USAREUR)	47,414	14,372	30%	33,042	70%
Military District of Washington (MDW)	138	106	77%	32	23%
Matériel Command (AMC)	1,576	1,044	66%	532	34%
Surface Deployment and Distribution Command (SDDC)	97	69	71%	28	29%
U.S. Army Reserves Command (USARC)	78,653	41,596	53%	37,057	47%
United States Military Academy (USMA)	75	4	5%	71	95%
Military Entrance Processing Command (MEPCOM)	61	44	72%	17	28%
Criminal Investigation Command (CID)	429	212	49%	217	51%
Medical Command (MEDCOM)	4,598	1,210	26%	3,388	74%
Forces Command (FORSCOM)	147,149	68,702	47%	78,447	53%
Training and Doctrine Command (TRADOC)	7,790	4,385	56%	3,405	44%
U.S. Army Special Operations Command (USASOC)	8,233	3,463	42%	4,770	58%
Space and Missile Defense Command (SMDC)	68	41	60%	27	40%
Army Contracting Command (ACC)	15	12	80%	3	20%
Installation Management Agency (IMA)	316	190	60%	126	40%
Human Resources Command (HRC)	415	249	60%	166	40%
Eighth U.S. Army, Korea	4,381	2,873	66%	1,508	34%
Network Enterprise Technology Command/9th ASC (NETCOM)	3,632	1,999	55%	1,633	45%
U.S. Army South (USARSO)	56	33	59%	23	41%
U.S. Army Pacific Command (USARPAC)	5,445	1,810	33%	3,635	67%
MACOM TOTALS:	398,549	183,238	46%	215,311	54%
ARCENT PERSONNEL (included in force providing MACOMs listed above)	151,554	66,155	44%	85,399	56%

* "Current" if not overdue next shot in series 30 or more days.

ANTHRAX VACCINATIONS
PERCENTAGE OF MEDCOM SOLDIERS CURRENT *
Source: MEDPROS As of 31 MAR 04

REGIONAL MEDICAL COMMAND	# Personnel Started or Resumed Since 15 Sep 02	# of Personnel Overdue 30 or More Days Next Shot In Series	% Not Current with Series	# of Personnel Not Overdue 30 or More Days Next Shot In Series	% Current with Series*
NORTH ATLANTIC REGIONAL MEDICAL COMMAND (NARMC)	830	244	29%	586	71%
SOUTHEAST REGIONAL MEDICAL COMMAND (SERMC)	474	20	4%	454	96%
GREAT PLAINS REGIONAL MEDICAL COMMAND (GPRMC)	1,482	260	18%	1,222	82%
WESTERN REGIONAL MEDICAL COMMAND (WRMC)	561	243	43%	318	57%
EUROPEAN REGIONAL MEDICAL COMMAND (ERMC)	294	7	2%	287	98%
PACIFIC REGIONAL MEDICAL COMMAND (PRMC)	96	15	16%	81	84%
MEDICAL RESEARCH AND MATERIAL COMMAND (MRMC)	218	62	28%	156	72%
CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE (CHPPM)	90	9	10%	81	90%
ARMED FORCES INSTITUTE OF PATHOLOGY (AFIP)	32	21	66%	11	34%
AMEDD CENTER AND SCHOOL	373	199	53%	174	47%
DENTAL COMMAND (DENTCOM)	200	75	38%	125	63%
VETERINARY COMMAND (VETCOM)	109	19	17%	90	83%
MEDICAL COMMAND TOTALS	4,759	1,174	25%	3,585	75%

* "Current" if not overdue next shot in series 30 or more days.

ANTHRAX VACCINATIONS
MAJOR ARMY INSTALLATIONS BY RMC*
Data Source: MEDPROS As of 24 March 2004

Region	Installation	Resumed ≥15 Sep 02	Overdue ≥30 Days	% Overdue	Current	% Current
GPRMC	FT BLISS	6,563	2,372	36%	4,191	64%
	FT CARSON	6,108	2,632	43%	3,476	57%
	FT HOOD	20,624	3,548	17%	17,076	83%
	FT HUACHUCA	1,417	790	56%	627	44%
	FT POLK	3,403	1,225	36%	2,178	64%
	FT RILEY	3,439	1,963	57%	1,476	43%
	FT SILL	4,025	2,332	58%	1,693	42%
	FT LEVENWORTH	482	164	34%	318	66%
	FT LEONARD WOOD	1,198	673	56%	525	44%
	FT SAM HOUSTON	1,398	665	48%	733	52%
	YUMA PG	9	4	44%	5	56%
	DUGWAY PG	9	7	78%	2	22%
	WHITE SANDS MSL RG	20	14	70%	6	30%
NARMC	FT BELVOIR	612	390	64%	222	36%
	FT BRAGG	11,262	7,424	66%	3,838	34%
	FT DIX	2,444	726	30%	1,718	70%
	FT DRUM	2,515	957	38%	1,558	62%
	FT EUSTIS	2,702	1,902	70%	800	30%
	FT DETRICK	342	103	30%	239	70%
	FT KNOX	1,400	507	36%	893	64%
	FT LEE	1,389	523	38%	866	62%
	FT McNAIR	52	42	81%	10	19%
	FT MEADE	32	20	63%	12	38%
	FT MONMOUTH	88	39	44%	49	56%
	FT MONROE	171	115	67%	56	33%
	FT MYER	65	38	58%	27	42%
	FT STORY	608	240	39%	368	61%
	FT McCOY	779	273	35%	506	65%
	WALTER REED	359	135	38%	224	62%
	PENTAGON	312	201	64%	111	36%
	ABERDEEN PG	571	172	30%	399	70%
PRMC	SCHOFIELD BRKS	1,841	432	23%	1,409	77%
	FT SHAFTER	116	76	66%	40	34%
	TRIPLER	129	17	13%	112	87%
	USFK	4,711	2,870	61%	1,841	39%
	USFJ	205	94	46%	111	54%
SERMC	FT BENNING	7,412	3,808	51%	3,604	49%
	FT CAMPBELL	20,343	4,074	20%	16,269	80%
	FT GORDON	1,680	652	39%	1,028	61%
	FT RUCKER	928	169	18%	759	82%
	FT STEWART	11,956	6,620	55%	5,336	45%
	HUNTER AAF	3,099	1,848	60%	1,251	40%
	FT JACKSON	636	361	57%	275	43%
	FT McPHERSON	818	376	46%	442	54%
WRMC	FT LEWIS	4,520	2,563	57%	1,957	43%
	FT RICHARDSON	162	83	51%	79	49%
	FT WAINWRIGHT	390	202	52%	188	48%
	FT GREELY	1	1	100%	0	0%
	FT IRWIN	728	478	66%	250	34%
ERMC						
	ALL INSTALLATIONS	19,877	7,464	38%	12,413	62%

* Data excludes personnel deployed in support of CENTCOM AOR.



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

DASG-ZA

31 MAR 2004

MEMORANDUM FOR MEDCOM Major Subordinate Commanders

SUBJECT: Anthrax Vaccination and Individual Medical Readiness Shortfalls

1. The Vice Chief of Staff of the Army (VCSA) recently directed immediate Army-wide command emphasis to update anthrax immunizations, completion of other individual medical readiness indicators (IMR), and documentation of these procedures in the Medical Protection System (MEDPROS) (Encl 1).
2. MEDPROS data indicates that 75% of MEDCOM Soldiers who began anthrax vaccinations since 15 Sep 02 are current with their next vaccination in the series (Encl 2). Additionally, MEDPROS data indicates that MEDCOM commands range from 2% to 68% for "Fully Medically Ready Soldiers" as measured by IMR in MEDPROS. As with the Army overall, our low percentages reflect known incomplete data entry into MEDPROS. Thus, it is essential that all medical commanders take the necessary steps to complete the IMR procedures and ensure the data is entered into MEDPROS. I understand that some of your personnel are currently deployed in the CENTCOM AOR and are not under your direct control. As stated in the VCSA memo, concurrent initiatives are underway by deployed Army elements to improve anthrax immunization currency and overall data entry into MEDPROS.
3. This is a critical force health protection issue. I want MEDCOM to lead by example by attaining at least 90% currency for anthrax vaccinations. Furthermore, I expect MEDCOM to achieve 95% compliance for "Fully Medically Ready Soldiers" as stated in our Balanced Scorecard Strategic Objective for Healthy Soldiers. I also expect all medical commanders to aggressively engage all units within their area of responsibility to assist them with meeting the VCSA's intent to best prepare and serve our Soldiers.
4. I will exclusively use MEDPROS to track MEDCOM and Army medical readiness data. Commands using AMEDD Chief Information Office (CIO)-approved alternate systems (e.g., MEDBASE, elmmune) are responsible for ensuring complete and timely export of data from these systems into MEDPROS.
5. I am also providing the anthrax vaccination status for personnel assigned to major installations within each Regional Medical Command (Encl 3). This MEDPROS data excludes personnel deployed to the CENTCOM AOR. I encourage you to use the data

DASG-ZA

SUBJECT: Anthrax Vaccination and Individual Medical Readiness Shortfalls

to prioritize efforts to assist supported units with improving anthrax vaccination currency.

6. I ask that you immediately implement the following actions to improve anthrax vaccination currency and overall IMR completeness:

a. Ensure MEDPROS equipment and user training is adequate at the installation level to meet the needs of the supported population, from Medical Treatment Facilities (MTF) to unit-level Battalion Aid Stations and/or personnel administration offices. If other CIO-approved medical readiness systems are in use, ensure that data export procedures to MEDPROS are operational prior to use of these systems.


b. Ensure procedures are in place at all MTF, Installation In-and-Out Processing Centers, and Deployment/Redeployment Soldier Readiness Centers to complete anthrax immunizations, other IMR requirements, and full data entry into MEDPROS. Critical to this effort is a complete screen of all available medical and immunization records for all Soldiers entering and departing the installations, regardless if permanently assigned, processing for deployment, or returning from deployment.

c. Engage supported unit commanders to demonstrate the effectiveness of the MEDPROS IMR module to measure and improve unit and individual medical readiness.

7. My staff stands ready to support this effort. My point of contact for MEDPROS is MAJ Dan Rudakevych, MEDCOM, (210) 221-7184, DSN 471-7184. The URL for MEDPROS is www.mods.army.mil. The MODS Help Desk number is (703) 681-4976, DSN 761-4976. My point of contact for the Anthrax Vaccine Immunization Program (AVIP) is MAJ Eric Sones, OTSG, (703) 681-5101, DSN 761-5101.

3 Encls

1. VCSA Memo
2. MEDCOM Anthrax Vaccinations
3. Installation Anthrax Vaccinations



JAMES B. PEAKE
Lieutenant General
Commanding